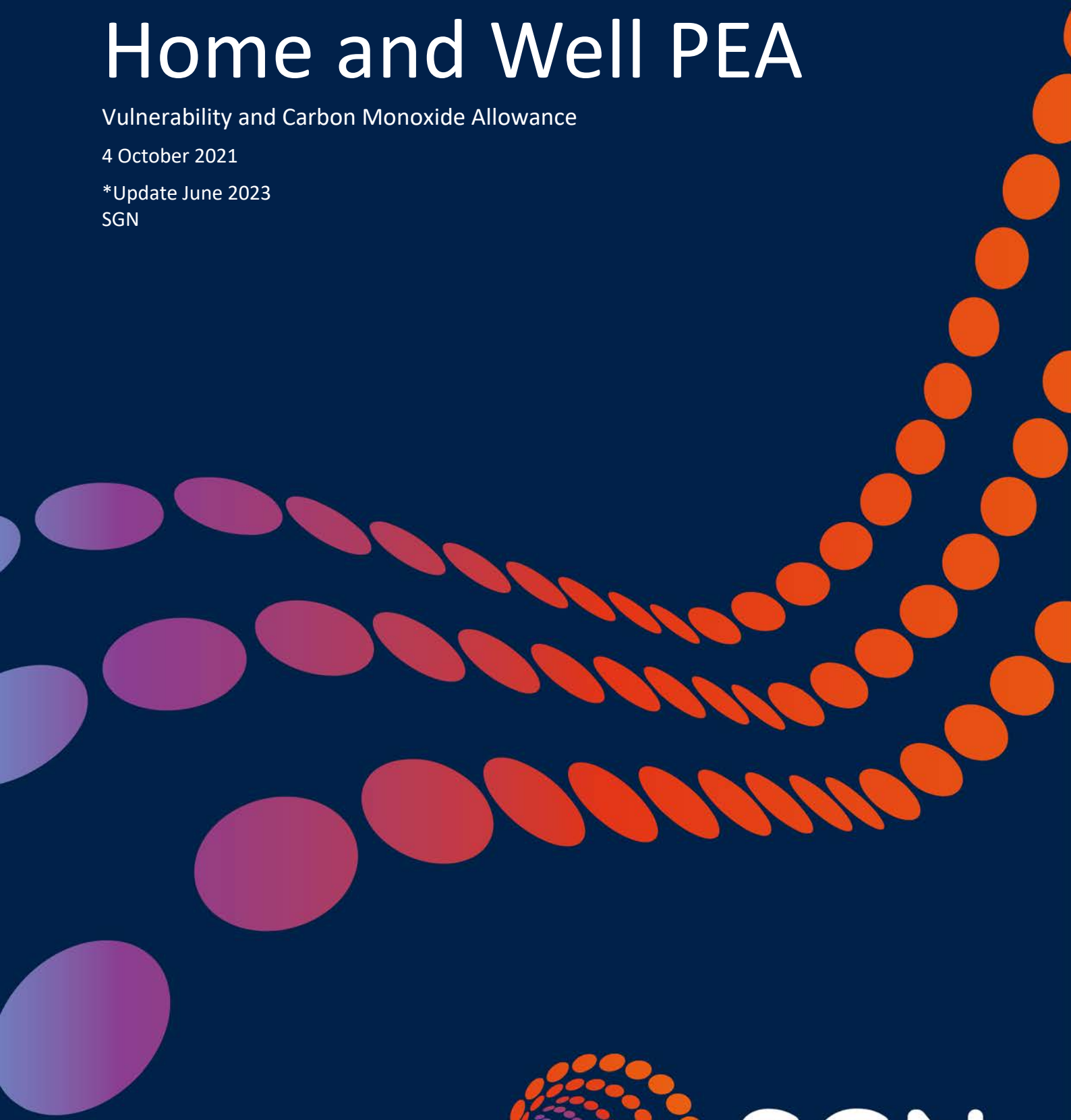
Home and Well PEA

Vulnerability and Carbon Monoxide Allowance

4 October 2021

*Update June 2023

SGN



SGN

Your gas. Our network.

Contents

1 Description

Funding GDN(s)	**SGN**
For Collaborative VCMA Projects:	N/A
Date of PEA submission:	4 October 2021 Update June 2023
Project contact name:	Kerry Potter
Project contact number/email:	Kerry.potter@sgn.co.uk
Total cost (£k)	£400,000 Update 2023: £542,902.50
Total VCMA funding required (£k)	£100,000 over 2 years Update June 2023: £128,756.05 Additional VCMA funding is: £28,756.05

2 Problem statement

During 2021 it was estimated that three million English households are living in fuel poverty (Department for Business, Energy and Business Strategy). Nearly half of low-income households are still living in hard to heat homes, and the rate of improvements is well below what is needed to lift people out of fuel poverty by a target date of 2030.

The UK's health service is stretched and under increasing pressure. More people than ever before are being admitted to hospital, staying longer, and are being re-admitted as they are unable to maintain healthy independence. Since 2006, the total annual number of hospital admissions increased by 28.1%, from over 11 million admissions in 2006/07 to over 14 million admissions in 2015/16. Covid-19 has significantly changed the whole population landscape in respect of keeping safe and well at home.

The NHS are reporting more people with complex needs and responsibilities struggling whilst in hospital including a high number of single people with dependants, living with complex mental and physical health needs and people on zero-hour contracts facing the financial impact of not being able to work. Citizens Advice Hampshire have completed a recent review of need, what they are seeing is a significant change in who requires help. In a comparison of Q1 2020-21 with Q1 2021-22 the increase of people with long term health conditions including those with disabilities that sought support from Citizens Advice increased from 30% to 45%.

Complex vulnerabilities can impact a patient's duration in hospital, the time taken to discharge, and the rate of re-admissions as vulnerable people face barriers to good health and wellbeing. Many patients' homes have been unoccupied for some time often building utility debt and rent arrears. In addition, many patients require support to prepare for an independent return home, this includes arranging 'crisis' help, access to food, mobility adaptations, in home care, financial and wellbeing support services.

Patients have a low awareness of the support available to them through their utility companies and regional charities.

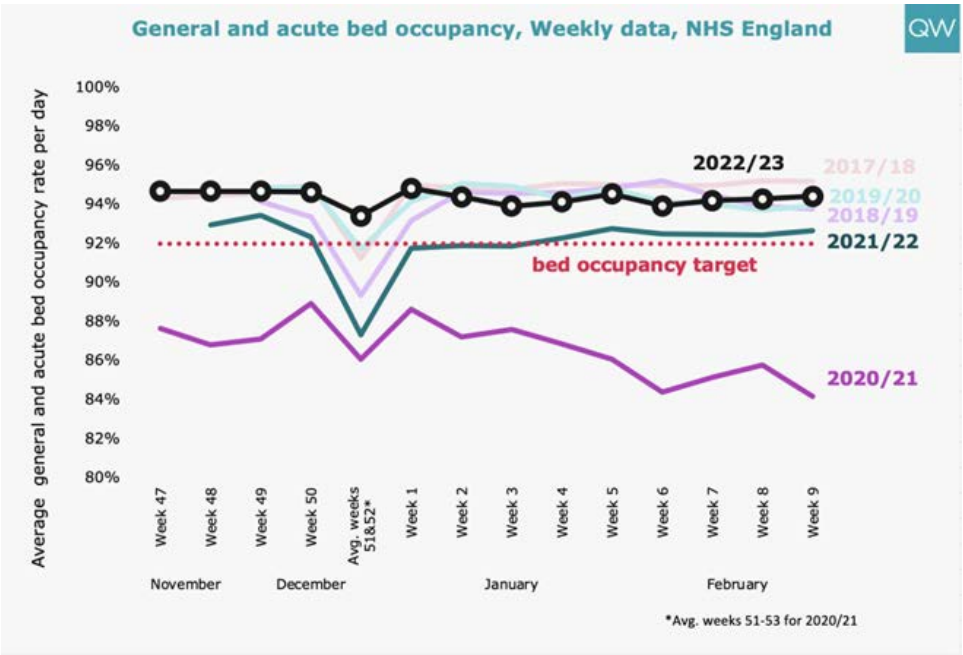
There are key areas geographically in our region that we have identified where these conditions are most likely. Working with our data and insight partner Energy Savings Trust we have come to understand that the Isle of Wight, Southampton and Portsmouth are all areas where there is significantly higher indicators of financial vulnerability than the national average, and fuel poverty resulting in poor health, longer hospitalisation and greater numbers of hospital readmissions. In addition, we have seen that it is also these communities that have been some of the worst hit by Covid 19, as employment is largely based in the retail, service and tourist sectors, which have been significantly impacted by over a year of lock downs.

Update June 2023

The UK's energy prices have been reported to have almost doubled since 2021, it's now currently estimated that there are over 6.7 million households living in fuel poverty in the UK. It is understood that the cost-of-living pressures are worse felt in these more deprived areas and by people within vulnerable groups, as they are more likely to be socially and/or digitally excluded and unable to resolve issues by themselves.

The cost-of-living crisis has exacerbated pre-existing intersectional exclusions related to ethnicity, gender, language, or disability, this has been where we have seen vulnerable customers experiencing greatest hardship. Figures from the Department for Business, Energy and Industrial Strategy showed 42,161 households in Hampshire were in fuel poverty in 2021.

During December 2022 over 9 million adults across England lived in damp cold homes, this contributed to worsening public health and pressures on the NHS. The UK's health service is stretched and under increasing pressure. More people than ever before are being admitted to hospital, staying longer, and are being re-admitted as they are unable to maintain healthy independence. In February 2023 there were between 13,000 and 15,000 patients remaining in hospital each day who did not meet the criteria to reside. The graph below shows the weekly bed occupancy data over the past 5 years.



The NHS are reporting more people with complex needs and responsibilities struggling whilst in hospital. This includes a high number of single people with dependants, living with complex mental and physical health needs and people on zero-hour contracts facing the financial impact of not being able to work. Citizens Advice Hampshire have completed a recent review of need, and what they are seeing is a significant change in who requires help. In a comparison of Q1 2021-22 with Q1 2022-23 the percentage of people with long term health conditions including those with disabilities that sought support from Citizens Advice increased from 45% to 51%.

Complex vulnerabilities can impact a patient's duration in hospital, the time taken to discharge, and the rate of readmissions, as vulnerable people face barriers to good health and wellbeing. Many patients' homes have been unoccupied for some time, often building utility debt and rent arrears. In addition, many patients require support to prepare for an independent return home, this includes arranging 'crisis' help, access to food, mobility adaptations, in-home care, financial, and wellbeing support services. Through the partnership we've continued to see that patients have a low awareness of the support available to them through their utility companies and regional charities.

3 Scope and objectives

Home and Well has the aim of engaging and supporting patients awaiting discharge, or those identified by their GP's as facing a barrier to positive health outcomes due to living or returning to a cold unhealthy home. The team are linked in with the NHS services in hospitals and via GP clinics to help people achieve a safe, affordable and warm home. The overall outcome we are looking to achieve is to reduce hospital time, reduce hospital readmissions and increase the health and wellbeing of the patient by addressing the financial costs of essential services including utilities, rent and food, and the social isolation by linking people up to appropriate wellbeing services.

In 2020 a partnership was established between Citizen Advice Hampshire, the regional utility networks and Southampton & IoW Partnership of Clinical Commissioning Groups to utilise Home and Well partners' energy, expertise and financial support to address life-restricting challenges for vulnerable adults, which was compounded in 2020/21 by Covid 19. This partnership has had to adapt to deliver a remote support service and will (post Covid 19) deliver an on-site wrap-around service that helps vulnerable patients. This client group, often located in hospitals and in Primary Care settings, can present with energy and poverty related needs and/or require advice or signposting for their social/wellbeing needs. The Home and Well service aims to equip vulnerable people with the necessary support to live safely and independently.

The partnership looks to expand the pilot from its current service provision of Isle of Wight, taking the lessons learned into areas of great need including Gosport, Portsmouth and Southampton. Linking up the 15 regional Citizens Advice teams to support and provide services via telephone, email, webchat and in person in the clinical environment to ensure that each patients' needs are met using the extensive skills of the broader group. This blended delivery model of in person and remote support, including support for hospital discharge teams will be expanded as restrictions are lifted, we will pilot and evaluate the use of tablets at scheduled times to try and maximise Home and Well's reach for remote and face-to-face Home and Well support countywide.

The partnership will deliver:

- A dedicated 'utility' team of experienced Citizen Advice client advisors across 14 regional CA offices and clinical environments with the skills to provide utility services not limited to industry initiatives, including; PSR, Warm Home Discount, Winter fuel payments, tariff and energy switching, debt support, information on smart meters, gas safety, Locking Cooker Valves, and who to contact in an emergency (0800 111 999 and 105)
- A joined-up service between NHS and Citizens Advice Home and Well team to support those in primary and secondary care (clinical / social prescribing) with barriers that impact independent living, especially those linked to essential services (energy, water, housing and food) with the outcomes of improving the quality of people's lives, their mental, physical, and financial wellbeing.
- A broader social impact as we alleviate the pressures on the NHS, avoiding the need to use hospital services and where needed transitioning to in home services
- A robust network of regional and relevant secondary key partnerships to ensure health and wellbeing services are specific and local to client need – current network includes Age Concern, Age UK Portsmouth, Gosport Food Partnership, Gosport Voluntary Action, Solent Mind, Help in Bereavement, Walking for Health, and carer and regional care support teams.

4 Why the project is being funded through the VCMA

This project will provide support to patients in crisis, providing access to key services including the PSR, interventions that address fuel and water poverty and broader safeguarding / wellbeing services, whilst delivering a positive Social Return on Investment. The project will provide holistic utility efficiency advice and CO safety interventions, empowering each householder to use energy safely, efficiently and affordably. The project will work collaboratively with expert agencies to maximise positive impacts beyond energy, increasing the health and wellbeing of the individual supported and delivering defined outcomes.

5 Evidence of stakeholder/customer support

5.1 Home and Well – Customer feedback

Tim Cooling, Head of Strategy, Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

"Keeping people safe and well in their own homes following discharge from hospital is an important factor in avoiding re-admittance and is a key priority for the CCG. The Home and well service provides a valuable wrap around offer supporting individuals with debt advice, benefits and issues with housing and utilities. Importantly, by ensuring that vulnerable people are signed up to the Priority Services Register means that those who need access to power and water as part of their health recovery needs are given additional support. The planned expansion of the service across Hampshire is welcome news and means that Home & Well will be able to support increasing numbers of vulnerable people who might otherwise have been at risk of having additional complications with their recovery."

Jenny Erwin, Director of Mental Health Transformation and Delivery, Hampshire and IoW CCGs, said, "Research shows that people who experience a mental health crisis can sometimes struggle with managing their home environment. We believe the Home and Well project will be able to offer people the help they need to make sure their residence is truly a home, keeping them well and preventing their return to hospital. "The NHS in Hampshire recognises the importance of a secure home as part of maintaining good mental health and wellbeing. When people find themselves in hospital needing our help and services, we believe the Home and Well project can help them return more quickly to a place where they truly feel at home".

5.2 Moving Forward Together – Stakeholder Workshops held during 2018 and 2020

Sharing our top 5 scenarios with our stakeholders during our engagement workshops in 2018, they agreed that providing essential emergency funding for customers in vulnerable circumstances should remain one of our top priorities due to the impact of Covid 19 on our most vulnerable customers in relation to affordability. In addition, our stakeholders wanted to see us approach affordability broader than 'gas', as customers who face financial hardship need support with all their utilities, and water, gas and electricity should be approached as essentials services.

5.3 Customer Engagement Group 2019/20

Shaping our business plan to support customers in vulnerable circumstances we have committed to, over the 5-year price control, supporting over 250,000 vulnerable customers to use gas safely, affordably and efficiently. We have a three-tiered approach and tier 1, 2 and 3 priorities include providing independent support to help vulnerable customers with access to affordable energy.

Update June 2023

We've extended our ambition to support 500,000 (100,000 per year) customers in vulnerable circumstances.

5.4 Vulnerable Steering Group (VSG)

During 2020/21 our Vulnerable Steering Group has helped us shape our vulnerability strategy and our priorities for GD2. For year 1 we prioritised key initiatives to support our most vulnerable customers and they recommended we work with established charities that support people most in need. It is with guidance and support from our dedicated Vulnerable Steering Group that SGN prioritise the regions in our geographic area that are most in need, and to support those most likely to need support from their utility company. One such group is those with critical and long-term health conditions. This scheme is co-designed with Citizens Advice, NHS, Scottish and Southern Electricity Networks, Southern Water and Portsmouth Water to provide tangible support from the health care setting into a safe and warm home. This approach has been endorsed by our strategic panel as it looks to provide a holistic and empowering service in partnership with other utilities.

Update June 2023

The VSG continue to support the approach and would like to see greater emphasis on supporting those whose health is already impacted by living in fuel poverty.

5.5 SGN RIIO-GD2 Business Plan

In the process of shaping our RIIO GD2 Business Plan we engaged stakeholders and customers about our plan to support 50,000 customers each year through a three-tiered approach, and what services/initiatives should be included within each of those tiers. During our Positive Impact round table event our stakeholders emphasised the importance of partnerships to increase the value of our allowance in generating positive outcomes for customers. Feedback from our Customer Service & Supporting Vulnerable Customer – Shaping the Business Plan Qualitative Workshops suggested potential tier two initiatives should include supporting those most vulnerable to living in a cold and unhealthy home, as well as connecting with NHS prevention teams.

Update June 2023

We've extended our ambition to support 500,000 (100,000 per year) customers in vulnerable circumstances.

6 Outcomes, associated actions and success criteria

6.1 Outcomes

The Home and Well partnership will work collaboratively to support 4000 vulnerable people return to safe and warm homes per year across Hampshire with a focus on of Wight, Gosport, Portsmouth and Southampton. The partnership will be embedded within the health care setting working closely with health care workers, consumer advocates and utility company representatives to address the barriers patients face to going home and re-admission.

The Home and Well project provides the following outcomes. More patients will:

- Be supported by their utilities Priority Services Register - providing them with the security and support they would need in the event of an unplanned outage
- Be on the best utility tariffs for their personal circumstances
- Be able to manage and pay their own utility bills going forward and avoid going into debt
- Be more aware of the risks of Carbon Monoxide and how to mitigate these
- Keep healthy and warm - particularly during the winter period and/or when being discharged from hospital
- Have reduced stress, and improved health and wellbeing, and therefore better life chances/quality of life
- Be more able to cope at home

The Home and Well project provides the following outcomes. The partners will:

- See a reduction in the length of hospitalisation periods
- See a reduction in the number of re-admissions
- See the most vulnerable customers represented on their respective PSR's enabling us to proactively support with affordability and outages

6.2 Success Criteria

To support on average 2000 patients each year from the clinical environment into independent living by addressing the issues that would prevent them from returning to a safe and warm home long term. We aim to support those in need with access to practical help that improves their health and wellbeing and increases their confidence to manage their household utility costs.

- Year 1 – successfully deliver the pilot programme in Isle of Wight and build the new networks using this as a template into Portsmouth and Southampton
- Year 1 – successfully measure the personal impact of the support provided by asking the patient for feedback including how confident they now feel in being able to cope at home
- Year 1 - Develop the Home and Well team to offer the following support services to patients in need of additional help to be discharged from the clinical environment to a safe and warm home

  - Patients offered the support to assess eligibility and sign-up to the PSR with an expectation of 60% registration
  - Patients offered energy advice including information about who to call in an emergency, smart meters, Winter Fuel Payments, Warm Homes Discount, how to check if you are on the best tariff, tariff switching and energy efficiency advice
  - Patients assessed as to whether they need support to manage fuel debt or change tariff
  - Patients offered support to assess eligibility and sign up to water social tariff and water PSR
  - Patients offered information and access to safety interventions including the Locking Cooker Valve, access to a free home safety visit via the Hampshire and IOW Fire and Rescue team and a free CO alarm tailored to meet their need(s)
  - Patients will be offered access to the Fuel Poor Network Extension Scheme
  - Patients assessed for income max and eligible benefits, and supported where eligible for debt support and/or access to income related benefits
  - Patients assessed for needs related to crisis support including access to emergency fuel vouchers, food parcels or wellbeing support services
  - Reduction in hospitalisation time and re-admissions
- Funding for the programme has been set up based upon mobilisation of new resources in year 1, and against quarterly delivery milestones for the remaining time of the contract.

Update June 2023

To extend the programme for an additional six months within the clinical environment, continuing to address the issues that would prevent them from returning to a safe and warm home long term. We aim to continue to support those in need with access to practical help that improves their health and wellbeing and increases their confidence to manage their household utility costs.

- Year 3 – expand the reach of the project by recruiting two new Advisers in areas that do not currently have Home & Well Advisers
- Year 3 – position all Home & Well Advisers in hospitals to receive referrals from frontline NHS staff
- Year 3 - Develop the Home and Well team to offer the following support services to patients in need of additional help to be discharged from the clinical environment to a safe and warm home:
  - Patients offered the support to assess eligibility and sign-up to the PSR with an expectation of 62% registration
  - Patients offered energy advice including information about who to call in an emergency, smart meters, Winter Fuel Payments, Warm Homes Discount, how to check if you are on the best tariff, tariff switching and energy efficiency advice
  - Patients assessed as to whether they need support to manage fuel debt or change tariff
  - Patients offered support to assess eligibility and sign up to water social tariff and water PSR
  - Patients offered information and access to safety interventions including the Locking Cooker Valve, access to a free home safety visit via the Hampshire and IOW Fire and Rescue team and a free CO alarm tailored to meet their need(s)
  - Patients assessed for income tax and eligible benefits, and supported where eligible for debt support and/or access to income related benefits
  - Patients assessed for needs related to crisis support including access to emergency fuel vouchers, food parcels or wellbeing support services
  - Reduction in hospitalisation time and re-admissions
- Year 3 - look to widen the support offered to vulnerable patients by exploring additional partnerships

To monitor our impact in line with the above, we will:

- Monitor patient outcomes against services provided, patient demographics, vulnerabilities and needs
- Build in targeted, concise questions to our post service patient survey

- Work closely with our partners to ensure that we all understand the issues faced by patients enabling us to continue to develop our services by need
- Monitor the impact on hospitalisation times, re-admissions and the number of GP visits

7 Project partners and third parties involved

- Citizens Advice Hampshire – programme lead and lead delivery partner providing the advisory teams in the clinical environment and the support services to patients.
- Hampshire partnership of CCG's – lead NHS representative and co funder of the partnership identifying and referring patients who would benefit from the support services team
- SGN – lead gas network providing funding and support to the delivery team, including training, access to broader referral partners, and direct services for customers including but not limited to Locking Cooker Valves, CO alarms and access to the Fuel Poor Network Extension Scheme.
- SSEN – lead electricity network providing funding and support to the delivery team, including training, access to broader services, and access to the energy Priority Services Register.
- Portsmouth Water & Southern Water – regional water network providing funding and support through the water sure teams on social tariffs and the water PSR.
- Broader referral partners include Fire and Rescue Services, Age UK, NHS England Social Prescribers, Gosport Health and Strategic Wellbeing Partnership, Gosport Food Partnership, and others.

Update June 2023

- Broader referral partners include British Red Cross, Stroke Association, Royal Voluntary Service, and others.

8 Potential for new learning

Monitoring and evaluation

The following activities will be in place to monitor and evaluate project progress and impacts:

- Quantitative and qualitative service user outcomes and demographics/vulnerabilities recorded/monitored
- Service user before-and-after-support surveys and follow-up calls
- In-bound and out-bound referrals from/to partners and other services recorded/monitored
- Feedback, indicators, outputs and outcomes reported on quarterly
- Project progress monitored: these include monthly and quarterly partner meetings to share ideas and challenges through individual and organisational partnership case studies.

Learning

We are keen to learn from this project and for successes to be incorporated into future delivery as well as promoted to others both in the Citizens Advice network and to broader stakeholders. We intend to share an annual report across electricity, gas and water networks and the CCG's in addition to sharing project impacts and case studies during our annual showcase event.

9 Scale of VCMA Project and SROI Calculations

Home and Well launched in April 2020 as a pilot project at the start of the Covid-19 pandemic. In the year that the project ran the team needed to adapt their ways of working and try to work alongside the NHS partners who were under significant pressure. During this time the team were able to support over 800 patients and deliver an overall SROI of £22.15 as independently assessed by SIA partners.

Social Value Measurement

Update June 2023
In addition to the SROI independent report produced by SIA partners, we will continue to measure all the outcomes for patients using this approach, which is used to estimate social value based on best practice endorsed by HM Treasury for the evaluation of social policy and utilises values from the Treasury's 'Green Book' where applicable.

This project has been monitored against the original scope and delivered above the originally forecast outcomes per client. We are extending this project for six months and will complete a new SROI assessment using a new industry standardised tool to forecast and measure the social impact of the partnership.

10 VCMA Project start and end date

The project will run from 1 April 2021 – 1 April 2023

Update June 2023
Six month extension from 1 April 2023 – 30 September 2023

11 Geographic area

The service will support customers in Hampshire with a key focus on Isle of Wight, Gosport, Portsmouth and Southampton.

Update June 2023
Home and Well has now extended to a Hampshire wide project including Southampton, Portsmouth and Isle of Wight. Advisers are based in Gosport, Isle of Wight, Portsmouth, East Hampshire, Basingstoke, Southampton and Winchester. However, the service is offered county wide.

12 Approval

Rob Gray - Director of Stakeholder Relations and Communications